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Bib Data Sheet

CONFIRMATION NO. 9676

SERIAL NUMBER 10/720,266	FILING OR 371(c) DATE 11/25/2003 RULE	CLASS 424	GROUP ART UNIT 1651	ATTORNEY DOCKET NO.
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*TK* This application is a CON of 10/083,142 02/27/2002 PAT 6,733,749 which is a CON of 09/654,482 09/01/2000 PAT 6,399,097  
 which is a CIP of 09/497,495 04/18/2000 PAT 6,238,661  
 which is a CON of 09/395,636 09/14/1999 PAT 6,056,954  
 which is a CIP of 08/962,523 10/31/1997 PAT 5,997,862

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****NONE***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/09/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	1	14	2
Verified and Acknowledged	<i>[Signature]</i> <i>TK</i> Examiner's Signature Initials				

**ADDRESS**

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**TITLE**

Throat lozenge for the treatment of Streptococcus Group A

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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